PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										ss it displays a valid OMB control number. Application or Docket Number 99778242			
CLAIMS AS FILED - PART I (Column 1) · (Column 2)								SMALL (ENTITY	OR		R THAN ENTITY	
FOR NUMB			BER FILED	NUMB	ER EXTRA			RATE	FEE]	RATE	FEE	
	IC FEE CFR 1.16(a))								\$	OR	TOTIC	\$	
	AL CLAIMS CFR 1.16(c))		minus 20		× \$				1		*		
INDI	PENDENT CLAIN CFR 1.16(b))	MS	minus 3 =							OR	× \$=		
<u> </u>	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									OR	X \$=		
								+ \$ = TOTAL		OR	+\$=		
"`	* If the difference in column 1 is less than zero, enter "0" in column 2.								L	OR	TOTAL	L	
l	CLAIMS AS AMENDED – PART II OR OTHER THAN												
<u> </u>	····	(Column 1)	,	(Column 2)	(Column 3)			SMALL E	ENTITY	OR •	SMALL		
AMENDMENT A	2/28/03	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		SENT TRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIDNAL FEE	
OME	Total (37 CFR 1.16(c))	· 31	Minus	" 33	=			x s_ =		OR	x \$ =	-	
IEN	Independent (37 CFR 1.16(b))	. 7	Minus	··· 7	=			X \$=		OR	× \$ =		
₹ F	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16))		+s =		OR	+ \$ =		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Colu	ւարո 3)				•	'	7	
AMENDMENT	8/5/03	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		SENT TRA,		RATE	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
ĮΜ	Total (37 CFR 1.16(c))	· 31	Minus	" 33	=	$I \cap$		x \$=		OR	x \$ =		
AEN	Independent (37 CFR 1,16(b))	. 7	Minus	··· 7	=			x \$=		OR	x \$=		
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							·+ s =		OR	+ \$ =		
	•	-				\mathcal{T}		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
L		(Column 1)		(Column 2)	(Colu	mn 3)		·			•	1	
ENT	815/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		SENT IRA		RATE	ADDI- TIONAL FRE		RATE	ADDI- TIONAL JFEE	
AMENDMENT	Total (37 CFR 1.16(c))	31	Minus	· 35	=			x \$=		OR	× s =	7	
L L	Independent (37 CFR 1,16(b))	7'	Minus	7	=			x \$=		OR	x \$=	7	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ =		OR	+ \$_ =		
						·	•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

			A	oplication of Docket Number								
	PATENT A	RD	09778247									
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	THAN
T T	TAL OLAINA	· · · · · · · · · · · · · · · · · · ·	(Column 1) (Column			mn 2)	1	YPE [OR	SMALL	ENTITY
	TAL CLAIMS					R		RATE	FEE		RATE	FEE
FOR			NUMBER FILED NUM			ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	33 min	us 20=	. 13			X\$ 9=		OR	X\$18=	234
IND	EPENDENT CL	AIMS	minus 3 = 4					X40=		OR	X80=	320
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	500
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR		1264
CLAIMS AS AMENDED - PART II]	OTHER	,
		(Column 1)	(Column 2)			(Column 3)	3) SMALL		ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	.Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***				X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	<u> </u>		+270=	
										OR	TOTAL	
									L	OR	ADDIT. FEE	
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						3 6					
AMENDMENT B	•	REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ZOZ	Total	• .	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	T C! AIM	=	X40			OR	X80=	
┖	7 INOT TRECE	itiziloit or in		CNDCN	1 0011111		J [+135=		OR	+270=	•
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Q M M M	Total	*	Minus	**		=	1	X\$ 9=	,	OR	X\$18=	FCE
RE	Independent	•	Minus	***		=]	X40=	 	i	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
								+135=		OR	+270=	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												
l "		mber Previously F nber Previously Pa								x in a		